Site Plan/Preliminary Plat Application (See Categories Below*) Durham City-County Planning Department

(All 3 Pages Must be Completed and Application Signed by Owner and Applicant)

Project Summary							
Project Name (No Duplicates)							ist Former if Changed)
Use of Property	Proposed:			Ex	Existing:		
Acreage	Project Area:		То	Total Tract/Project:			
Application Type*	o Major Site Plano Site Plan Amend		nor Site Plan eliminary Plat	0		lified Site Plan servation Prelimin	ary Plat
Jurisdiction for Review	o City	o County, I	nside UGA		o Co	unty, Outside UG	A
Tier	o Downtown o	Compact Neig	hborhood	О	Urban	o Suburban	o Rural
Basin	o Neuse			О	Cape Fear		
Zoning District	Present Zoning:	Propo	osed:		Zonin	g Case Number(s):
Applicant/Contact Persor							
Name & Organization:							
Street:							
City, State, Zip:							
Phone:			Fax:		Email:		
Owner							
Name & Organization:							
Street:							
City, State, Zip:							
Phone:			Fax:		Email:		
Project Location							
Address:							
Location Description: PIN (12 di	nite)	Acrea	ne l		PIN (12 di	inits)	Acreage
1 III (12 di	9110/	Λοισα	90		1 114 (12 01	igito)	Acreage
Attach additional sheet if need	ed.						
Triage Results (Staff Use							
Design Compliance Revie	ew Needed? o Yes	s o No	0 0		Section 7.3.1 n Guidelines	review or Design District	
TIA Required o Ye		ee Paid			of Plans:	o Yes o No	# Needed
Status o Accept o F	•	(If on hold or n	ot accept, app	plicant	called /e-mail	led by	& date
Missing items from Triage			Ca	mmon	to Duoi		
Date Application Complete:				Comments Due: Assigned Case			
Assigned Case Planner:				ımber:			
Project Scope:							
** Site Plan Amendments fitt Also check the appropriate s						A required) should	d use this application.

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Site Plar	n/Preliminary Plat Application, Du	rham City-County Planning						
Project Name								
Previously Approved Plans	Previous Planning Case Numbers for Property:							
	Overlay:							
Watershed	Proposed % Impervious Surfaces:	Area of Proposed Impervious:						
	Square Feet of Impervious Surface Transfer Proposed from Another Parcel (PIN) (Attach Documentation)							
Other Overlays	Name of Overlay:							
	Number of Each Type of Residential Unit	Proposed Density (Units/Acre)						
	Single Family:							
	Traditional Homes:							
Residential Units:	Semi-Attached Homes:							
Proposed Number of	Duplexes:							
of Each Type	Residential in Non-Residential Zone:							
<u>and</u>	Zero Lot Line:							
Density Proposed	Patio Homes:							
(in Units/Acre)	Multiplexes:							
(Include All That Apply)	Condominiums:							
	Townhouses:							
	Apartments:							
	Upper-Story Residential:							
	o Standard	Conservation (Attach Site Analysis)						
Type of Subdivision and	o Cluster	o In-Fill						
Intensity Options Proposed	o Lot Averaging	o Major Roadway Density Bonuso Density Transfer from Another Parcel						
	o Affordable Housing Density Bonus	O Density Transfer from Another Parcel PIN						
Total Residential Density	Existing (with type):	Proposed:						
	Commercial: Ex: Prop:	Office: Ex: Prop:						
Non Posidential Space	Restaurant: Ex: Prop:	Hotel: Ex: Prop:						
Non-Residential Space: (Gross Floor Area,	# of Seats: Ex: Prop:	# of Rooms: Ex: Prop						
in Square Feet)	Government: Ex: Prop:	Research: Ex: Prop:						
	Institutional: Ex: Prop:	Industrial: Ex: Prop						
	Other (type): Existing:	Proposed:						
Total Non-Residential Floor Area & Ratio	Existing: FAR:	Proposed: FAR:						
Traffic Impact Analysis	Peak Hour Trips: oTIA Required	o TIA Not Required o TIA Attached						
Areas of Environmental /	o Floodplain	o Wetlands						
Historical Concern (Check All that Apply)	o Stream Buffers	o Natural Inventory Sites o Historic Resources o Landmark						
(Check All that Apply)	o Steep Slopes							
Other Pending Applications	o Zoning Map Change (Case ZO) o Major Special Use Permit	o Street Closing (Street Name) o Street Name Change (Name)						
(Check All that Apply and	o Minor Special Use Permit	o Appearance Commission (Date)						
Provide Case Numbers if Applicable) and Attach Waivers as Needed	o Variance for	o Annexation (Effective)						
	o Comprehensive Plan Amendment	o Design District Review Team						
	o Historic Preservation Commission	 Neighborhood Protection Overlay 						

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Site Plan	/Preliminary Plat Applicat	ion, Durham City-County Pla		
Project Name				
Special Exception Requests				
Signature of Applicant Requir	red for Processing	Print Name & Company	Date	
		· · · · · · · · · · · · · · · · · · ·		
Signature of Owner Required	for Processing	Print Name & Company	Date	
Submittal Schedule				
	or site plans, and preliminary plats, m	ay be submitted any day all plans subm	itted before 11 am on a	
		review. Submittal deadlines may be found		
	rtments/planning/siteplan_submittal_s		J	
Staff Use Only				
Fee Calculation: Base Fee = \$	+ (\$25 per lot X lots =	= \$) and/ or (+ \$25/ 1,000 sf X)=\$) =	
		X 4% (\$) = Total Fee Requi		
Fees Paid: Check #_	Received by:	Submittal Date:	Time:	
Stormwater Checklist and	o Yes o No o N/A	Stormwater Impact Analysis o Yes	s o No o N/A	
Maps Attached N2 Calculations Attached	- Voo - No - N/A	Stormwater Letter O Yes	- No - N/A	
	o Yes o No o N/A		s o No o N/A	
Cape Fear Impervious Transfer Checklist	o Yes o No o N/A	Cape Fear Impervious Transfer Documentation O Yes	s o No o N/A	
Floodplain Development Permit	o Yes o No o N/A	Stream Buffer Delineation O Yes	s o No o N/A	
Landscape Worksheets	o Yes o No o N/A	Specimen Tree	s o No o N/A	
/Interactive Model	o Yes o No o N/A	Survey O Yes	S O NO O N/A	
Architectural Elevations	o Yes o No o N/A	Parking Deck Floor Plan o Ye	s o No o N/A	
Included Proof of Pre-submittal		-		
Conference (Conservation)	o Yes o No o N/A	Site Analysis (Conservation) o Yes	s o No o N/A	
Proof of Neighborhood Meeting	o Yes o No o N/A	Sidewalk Payment in Lieu/	- No - N/A	
(Conservation)	o Yes o No o N/A	Alt Sidewalk Request O Yes	s o No o N/A	
Waivers for Rezoning/Annexation	o Yes o No o N/A	Other Special Documentation Attached O Yes	s o No o N/A	
Tree Coverage Shown	o Yes o No o N/A	Landscape Buffers Shown O Yes	s o No o N/A	
	O TES O NO O NIA	DDRT, HPC, Appearance	5 ONO ONA	
Description of Revisions if Amendment	o Yes o No o N/A	Commission, BOA Required O Yes	s o No o N/A	
Plan Distribution*				
Planning	Co Sed. & Erosion Control	Parks & Recreation	Police	
o Yes o No	o Yes o No		o No o Plan only	
Inspections	Co Stormwater		DOST	
o Yes o No	o Yes o No		o No o Plan only	
Pub. Works Engineering	City Fire	Solid Waste	Bike/Ped Commission	
o Yes o No	o Yes o No		o No o Plan only	
Pub. Works Transportation	County Fire	, contract (contract contract)	Soil & Water Conservation	
o Yes o No	o Yes o No		o No o Plan only	
NC DOT	Water Management		Planning Commission	
o Yes o No	o Yes o No		o No o Plan only	
Public Works Stormwater	Water Mgmt. Cross Conn.	_	Environmental Planning	
O Yes O No Planning Design Compliance	O Yes O No		o No o Plan only Chapel Hill	
o Yes o No	o No o Plan only		Onapei Hilli	

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o Yes o No o Plan only o No o Plan only o No o Plan only o No o Plan only

*Departments in bold will have approvals and tasks assigned, as applicable. Other departments will not unless noted by Case Planner but will receive copies of plan and may provide comments.